

RISING STAR SPORTS CAMP REGISTRATION SUMMER 2006

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Child's Name:
Date of Birth://
Home Address:
City: State: Zip: Phone:
Parent/Guardian's Name: Phone:
Emergency Contact (NOT PARENT) Name: Phone:
Health Concerns: Does your child have any physical disability, allergies, medication or facts of which we need to be aware? ☐ NO ☐ YES If yes, please explain:
T-Shirt Size: Youth: □ M □ L
Parent or Legal Guardian Date Fee: \$20 City/\$30 Non-City Registration Dates: City: March 28- June 15 Non-City: April 5- June 15 There will be a \$10 late fee after June 15
Birth Certificate required at registration
For office use only: Date: Amount Received: \$ Receipt #:
D.O.B Verified by: ☐ New ☐ BC List Staff Initials:
Fee Waiver?
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